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Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/797,953
				Filing Date	03-11-04
				First Named Inventor	Kari Niemela
				Art Unit	2617
				Examiner Name	HEIBER, SHANTELL LAKETA
Sheet	2	of	2	Attorney Docket Number	P2981US00

[illegible]

Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1. Applicants unique citation designation number. (optional) 2. Applicant is to place a check mark here if English language Translation is attached.

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